

ISSUE SLIP STAPLE AREA (for additional cross references)

| PORTION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | NUR - | | 08-27-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SR | JC 886 | 10-30-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | |
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| 20 | |
| 21 | ✓ = |
| 22 | ✓ = |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | ✓ |
| 28 | ✓ |
| 29 | ✓ |
| 30 | ✓ |
| 31 | ✓ |
| 32 | ✓ |
| 33 | ✓ |
| 34 | ✓ |
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| 39 | ✓ |
| 40 | ✓ |
| 41 | ✓ |
| 42 | ✓ |
| 43 | ✓ |
| 44 | ✓ |
| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
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| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
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| 66 | |
| 67 | ✓ = |
| 68 | ✓ |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

8-22
 1/18/01